

Introduction: Pancreatic adenocarcinoma is one of the major causes of cancer-related deaths in the world. It affects mainly elderly patients with a median age at diagnosis of 72 years. Surgery is indicated for localized tumors while chemotherapy alone is proposed in locally advanced or metastatic tumors. The application of such therapeutic strategies requires a multidisciplinary approach particularly in elderly patients.

Objectives: The aim of this study was to describe the management of elderly pancreatic cancer patients by an oncogeriatric approach on treatment decisions, and its impact on survival.

Methods: We prospectively included all the consecutive patients over 70 years of age with a pathologically proved pancreatic cancer in a French university hospital. All the patients benefited from a complete geriatric evaluation before therapeutic choices in a multidisciplinary team meeting. We analyzed factors independently associated with all-cause mortality with Cox survival analysis.

Results: A total of 44 patients with a median age of 78.2 years, were prospectively included. Among them, 25 patients underwent surgery (57%) whereas the 19 other patients who were not eligible for surgical treatment received chemotherapy (n = 16) or best supportive care alone (n = 3). Eighty percent of patients exhibited not or mild postoperative complications (grade I-II of Clavien classification). More than 50% of operated patients received adjuvant chemotherapy (Gemcitabine). In the non-surgical group, a mean of 12 infusions of gemcitabine per patients were administrated. Median overall survival was 16.8 months (range = 1.1-40) and 5.1 months (range = 1.2-17.2) in surgery and no surgery groups, respectively (Crude hazard ratio = 0.2 [0.09-0.4], p = 0.0002). Most of oncologic parameters were found to be independent survival predictors. Concerning geriatric parameters, only IADL was found significantly different between the 2 groups with an IADL \geq 4 in 12% and 42% of patients in the surgical and non-surgical group, respectively (p = 0.035) but none of the geriatric criteria were independently associated with patients' survival.

Conclusion: Selected elderly pancreatic cancer patients may have access to same standard treatments as younger patients after an oncogeriatric approach. Further studies are necessary to highlight geriatric independent survival factors allowing to better identify the patients who can benefit from an optimal oncologic treatment

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Geriatric Assessment

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GERIATRIC INTERVENTIONS IN OLDER CANCER PATIENTS: INTERNATIONAL SOCIETY OF GERIATRIC ONCOLOGY (SIOG) RECOMMENDATIONS

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Introduction: Geriatric interventions (GI) are specialized care or strategies aimed to improve or palliate impairments affecting several aspects of the older adult condition (e.g. autonomy, nutritional status, cognition, social situation). In the general geriatric population, programmes linking a multidimensional geriatric assessment with interventions and follow-up are effective for improving functional status and survival of the patients.

Objectives: The aim is to review available data concerning GI in cancer patients and to make recommendations for the use of GI in these patients on behalf of the International Society of Geriatric Oncology (SIOG).

Methods: The SIOG established a dedicated task force. A list of questions to be answered was set up. A systematic review of the literature was performed. For each question, papers were classified according to the level of evidence following ASCO guidelines. A task force consensus about recommendations is ongoing at the time of abstract submission.

Results: So far, 10 articles and 5 abstracts were selected evaluating different types of interventions (case management type interventions, exercise-based interventions, nutritional interventions, interventions for prevention of delirium, of chemotherapy toxicity, of post-operative pain and quality of life interventions). Several studies suggest that some interventions may have a significant impact on the patient condition and outcome. In particular, overall survival, physical function, quality of life, treatment toxicity and treatment quality may be improved. Nevertheless the number of studies is small and the data are heterogeneous. A variety of interventions are evaluated, targeting different geriatric impairments, in different patient populations, with different endpoints, making comparison between studies difficult.

Conclusion: GI may have a significant impact on cancer patient condition and outcome as in the general geriatric population. Appropriate selection of patients, type and time of interventions are probably crucial. However data are too limited and heterogeneous to draw final conclusions and new randomized trials are urgently needed. In the future, methodological challenges will have to be addressed by researchers regarding the design of trials in order to allow better interpretation of data, to determine the actual benefit of interventions in older cancer patients, to select patients who may benefit from interventions and to identify the most relevant outcomes. Taking into account these limitations, the GI task force of SIOG is preparing recommendations for the implementation of GI in cancer patients and for future research in this field.

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